



Complete Summary

TITLE

Attention-deficit/hyperactivity disorder (ADHD) (continuation and maintenance phase): percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended (see the related National Quality Measures Clearinghouse [NQMC] summary of the National Committee for Quality

Assurance [NCQA] measure [Attention-deficit/hyperactivity disorder \(ADHD\) \(initiation phase\): percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase](#)).

RATIONALE

Attention-deficit/hyperactivity disorder (ADHD) is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties, academic underachievement, troublesome relationships with family members and peers and behavioral problems. Given the high prevalence of ADHD among school-aged children (4 percent to 12 percent), primary care clinicians will regularly encounter children with ADHD in their practices and should have a strategy for diagnosing and long-term management of this condition.

Practitioners can convey the efficacy of pharmacotherapy to their patients. American Psychiatric Association/American Academy of Pediatrics (AAP) guidelines recommend that once a child is stable, an office visit every three to six months allows assessment of learning and behavior. Follow-up appointments should be made at least monthly until the child's symptoms have been stabilized.

PRIMARY CLINICAL COMPONENT

Attention deficit/hyperactivity disorder (ADHD); medication; follow-up care

DENOMINATOR DESCRIPTION

Members 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year with an ambulatory prescription dispensed for attention deficit/hyperactivity disorder (ADHD) medication, who remained on the medication for at least 210 days (see the "Description of Case Finding" and "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Members from the continuation and maintenance phase denominator who had an initiation phase visit in the first 30 days and had at least two follow-up visits from 31 to 300 days after the Index Prescription Start Date (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
 Use of this measure to improve performance
 Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
 Decision-making by businesses about health-plan purchasing
 Decision-making by consumers about health plan/provider choice
 External oversight/Medicaid
 External oversight/State government program
 Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
 Behavioral Health Care
 Managed Care Plans
 Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
 Nurses
 Physician Assistants
 Physicians
 Psychologists/Non-physician Behavioral Health Clinicians
 Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 6 to 12 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- About 4 percent of school age children have attention deficit/hyperactivity disorder (ADHD), and at least 10 percent of behavioral problems seen in general pediatric settings are due to the disorder.
- Only 1 in 4 patients have a follow-up visit with their primary care physician within 30 days of their first ADHD prescription. For patients receiving a prescription from a psychiatrist, only 3 in 10 reported such a follow-up visit.
- Half of physicians in a recent survey reported routine follow-up visits for children diagnosed with ADHD.
- More than 4 million children ages 4 to 17 have been diagnosed with ADHD; about 2.5 million currently take medication to treat ADHD.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

Children with attention deficit/hyperactivity disorder (ADHD) often experience significant functional problems such as school difficulties, academic underachievement, troublesome relationships with family members and peers, and behavioral problems.

UTILIZATION

Children with attention deficit/hyperactivity disorder (ADHD) who receive appropriate follow-up for medication treatment have shown to have significantly less frequent and less costly emergency department visits.

COSTS

The total expected cost for treating children with attention deficit/hyperactivity disorder (ADHD) in the U.S. is estimated between \$2 billion and \$11 billion.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year, who were continuously enrolled in the organization for 120 days (4 months) prior to the Index Prescription Start Date through 300 days (10 months) after the Index Prescription Start Date with no gaps in enrollment (see the "Denominator Inclusions/Exclusions" field)

Index Prescription Start Date.* The earliest prescription dispensing date for an attention deficit/hyperactivity disorder (ADHD) medication where the date is in the Intake Period and there is a Negative Medication History***.

***Intake Period.* The 12-month window starting March 1 of the year prior to the measurement year and ending February 28 of the measurement year.

****Negative Medication History.* A period of 120 days (4 months) prior to the Index Prescription Start Date, during which time the member had no ADHD medications dispensed for either new or refill prescriptions (refer to Table ADD-A in the original measure documentation for ADHD medications).

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year with an ambulatory prescription dispensed for attention deficit/hyperactivity disorder (ADHD) medication, who remained on the medication for at least 210 days

Refer to the original measure documentation for the eligible population.

Exclusions

- Exclude members who had an acute inpatient stay with a principal diagnosis of mental health (refer to Tables MPT-A and MPT-B in the original measure documentation for codes to identify mental health) or substance abuse (refer to Table ADD-B in the original measure documentation for codes to identify substance abuse) during the 300 days after the Index Prescription Start Date.
- Exclude from the eligible population all members diagnosed with narcolepsy at any point in their medical history (refer to Table ADD-E in the original measure documentation).

Note: The eligible population identified in the Continuation and Maintenance (C&M) Phase is a subset of the denominator of the Initiation Phase measure (see the related National Quality Measures Clearinghouse [NQMC] summary of the National Committee for Quality Assurance [NCQA] measure [Attention-deficit/hyperactivity disorder \(ADHD\) \(initiation phase\): percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase](#)) (i.e., members must be compliant for the numerator of the Initiation Phase to be eligible for inclusion in the C&M Phase measure).

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Identify all members from the continuation and maintenance phase denominator who meet the following criteria:

- An Initiation Phase Visit in the first 30 days, **and**
- At least two follow-up visits* from 31 to 300 days after the Index Prescription Start Date

*One of the two visits (during days 31 to 300) may be telephone visit with practitioner. Refer to Table ADD-C in the original measure documentation for codes to identify follow-up visits; refer to Table ADD-D in the original measure documentation for codes to identify telephone visits.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that results are reported separately for the commercial and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (ADD) [continuation and maintenance phase].

MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

MEASURE SUBSET NAME

[Behavioral Health](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

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National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

MEASURE AVAILABILITY

The individual measure, "Follow-up Care for Children Prescribed Attention-deficit/Hyperactivity Disorder (ADHD) Medication (ADD) [Continuation and Maintenance Phase]," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 6, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on April 18, 2008. The information was verified by the measure developer on May 30, 2008. This NQMC summary was updated again by ECRI Institute on March 20, 2009. The information was verified by the measure developer on May 29, 2009.

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Date Modified: 7/27/2009

